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child welfare

The Child-Welfare Special

A suggested method of reaching Rural Communities

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Children's Year Follow-up Series No. 5 Bureau Publication No. 69

U. S. Department of Labor
Children's Bureau
1920

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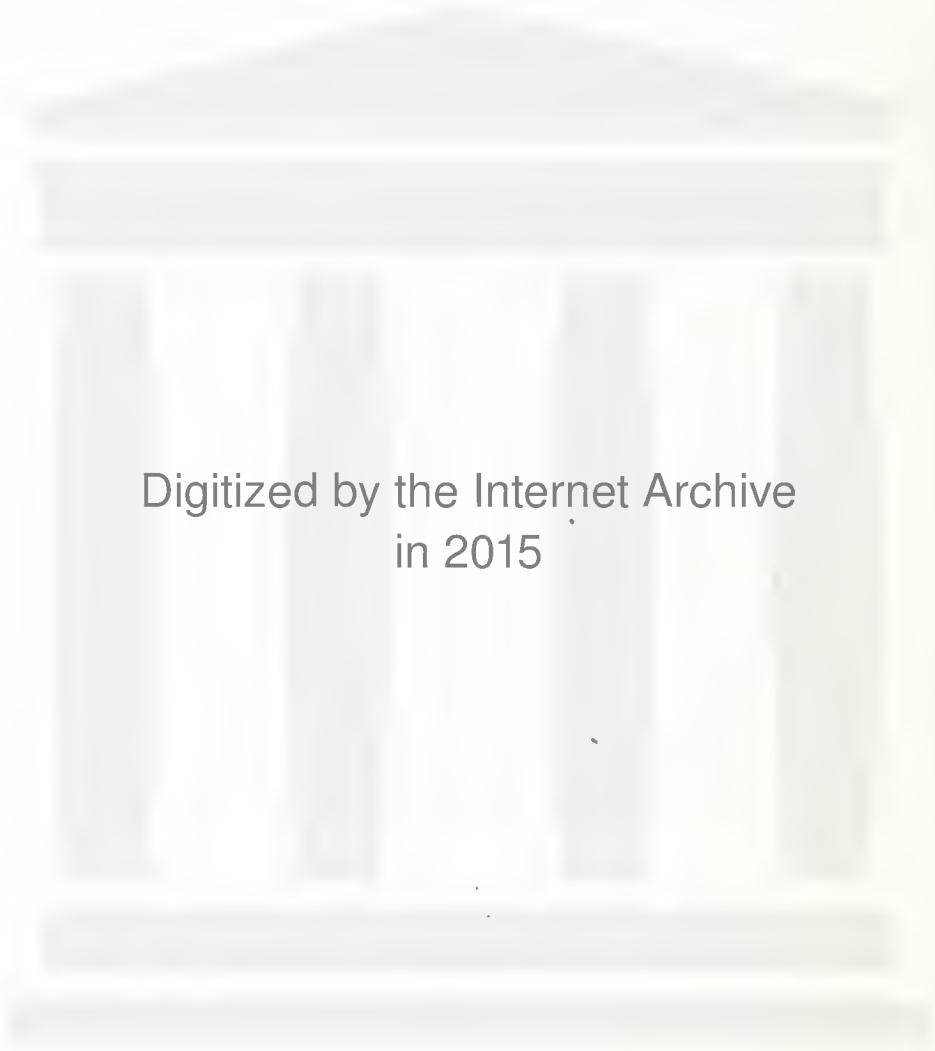

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THE CHILD-WELFARE SPECIAL.

A Suggested Method of Reaching Rural Communities.[1]

Object.

The lack of resistance shown by our country boys in the cantonments and under forced physical strain, and the reports of recognized authorities as to the relative prevalence of defects among rural as compared with urban children, are too significant to be ignored. Rural studies made by the Children's Bureau point also to the fact that the country child, in spite of his many natural advantages, is laboring under a handicap which it is possible to remove.

The very isolation which theoretically protects rural children from many ills renders difficult and expensive that skilled advice which every mother needs in the rearing of her family. To a large extent this is being secured for the city mother, but individual States and the Federal Government are concerned with the problem of bringing to the mothers of country children (who comprise three-fifths of the children in the United States) a reasonable amount of help, and of insuring to the 18,000,000 girls and boys living in rural areas a fair chance of growing into happy, useful citizens.

With this end in view the Children's Bureau is trying the experiment of a movable child-welfare station, which can take to the rural districts a certain amount of instruction and, it is hoped, create a demand for more. It is possible also that this experiment may furnish a practical suggestion to States wishing to give their own rural populations similar help.

In the Children's Year campaign, carried on during the war under the direction of the Children's Bureau and the Council of National Defense, traveling "Specials" of one sort or another were tried by a number of organizations as a means of reaching the rural child. Reports of these specials indicated that they were an exceptionally fine educational medium.

It was said of a truck used in Cleveland, Ohio, and the surrounding towns:

> The Children's Special caused people in all walks of life to think about baby conservation. It was a popular publicity feature and so became educational

[1] By Frances Sage Bradley, M. D. Inquiries for further information may be addressed to the Children's Bureau, United States Department of Labor, Washington, D. C.

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by catching the attention of all sorts of people. The mother who naturally shuns the baby-welfare center had for once the center brought to her in so attractive a form that she was deeply interested and immediately became a convert to the policy of seeking help from the center whenever the baby needed attention.

From Connecticut came the statement:

Perhaps the most far-reaching accomplishment of the Baby Special was the arousing of the small and rural communities to their need for child-welfare work. Before the coming of the Special, many of these communities had thought their children were well taken care of because they had plenty of fresh air and milk. Many of the towns that were so apathetic and indifferent now realize that these things alone do not make for healthy and strong children, and a number are making plans for permanent child-welfare agencies.

Equipment.

The Child-Welfare Special is the name of the big Government truck that is being used as a movable child-welfare station for the purpose of carrying to remote regions the gospel of child hygiene. It was built especially for this purpose, though following in a general way the construction and equipment of the traveling dispensaries used in Cleveland, Ohio; Vermont; Connecticut; New York; and Michigan; and especially of that used by the Chicago Tuberculosis Institute in Cook County, Ill.

The truck weighs 4 tons, has a 35-horsepower engine, and a body mounted on a 1-ton chassis. It stands 6 feet 4 inches high and measures (inside) 6 by 9½ feet. As can be clearly seen in Plate I, there is across the rear, beneath, a box containing a tent, 9 by 9 feet in size, three cots, and a goodly supply of Army blankets for the use of the staff when it is necessary to camp out. At each of the front corners, extending lengthwise, are smaller boxes; one contains tools for the repair and upkeep of the car, together with 100 feet of electric wiring; the other contains household utensils—ladder, ax, spade, broom, collapsible pails, and cooking vessels.

Outside, the truck is a battleship gray in color, with the name "Child Welfare Special, Children's Bureau, U. S. Department of Labor," painted in bright blue letters on each side. The interior is enameled white, thus adding to the appearance of space and neatness. As to equipment, it is amazing to see the ingenious and complete arrangements which would do credit to many a city child-welfare station.

The main body, 6 by 9½ feet, is used for a conference room and is fitted up for the examination of children. Available space is increased by utilizing as a front dressing room the chauffeur's cab and by letting down for a rear dressing room an adjustable annex which folds into the truck while in transit. A glimpse into this rear

PLATE I.—EXTERIOR OF THE SPECIAL.

PLATE II.—INTERIOR OF THE SPECIAL.

dressing room is given in Plate II. This increases the size of the truck to 6 by 14½ feet. These dressing rooms afford complete privacy by means of sliding doors and substantial shades. Comfortable stools for mothers with babies are provided. There is an entrance at one end of the truck and an exit at the other, thus avoiding the confusion and congestion that would result if visitors were obliged to retrace their steps.

During the day the truck is well lighted by means of four windows, 2 feet square, on each side of the car. These are placed sufficiently high to be beyond the reach of prying eyes and are further protected, as are the glass inclosures of the front and rear dressing rooms, by heavy shades matching in color the outside of the truck.

For night work the truck is equally well lighted by two electric systems, one for a current of 6 volts supplied by the truck's own batteries, and the other for 110 volts furnished from a convenient local building. Two heaters supplied from the latter source keep the Special comfortable in moderate weather. In very cold weather, a kerosene heater adds to the comfort of the rear dressing room during the early morning hours.

There is an excellent water supply, provided by a 15-gallon tank placed above the chauffeur's seat and piped to a stationary washstand in a front corner of the car. The washstand is equipped with a faucet and drainpipe. The space above the chauffeur's seat is further utilized for the storage of exhibit material, consisting of a projection machine, films, stereopticon slides, and miniature models showing good ways to bathe, clothe, and feed young children. There is also a large roll of panels, charts, and posters illustrating various phases of child welfare.

Above the wheel housing on one side are cabinets and closets for the storing of an astonishing supply of bulletins and leaflets for distribution. These consist of the publications of the Children's Bureau and other Government departments, and also of those of the State board of health of the State visited. There are also filing cases for records, reports, and the like. Occupying similar space on the opposite side of the truck is a table for the examination of children, the space under the table being filled with large drawers for smocks, sheets, and small blankets for the protection of children during examination; and smaller drawers for stethescope, tongue depressors, and a stock of celluloid toys for the diversion of timid children. At one end of the conference room are a measuring apparatus and standard scales, adjusted to ounces and provided with an automatically adjustable scale pan for children too young to stand.

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Personnel.

The staff required to do this type of work to the best advantage must consist of—

First. A woman physician, preferably a pediatrician with a keen appreciation of social service and public-health methods. She must have also a practical working knowledge of rural people and conditions, understanding their resources and their limitations.

Second. A public-health nurse, especially trained in the care of children, and with the social sense well developed. She must have also a working knowledge of dietetics and keep herself informed as to the foods available in the small rural home.

Third. An advance agent, a person capable of representing her department creditably. She must be able to address prominent citizens or groups, must be a good organizer; at the same time, when her advance work is over, she must be a valuable addition to the staff of the Special, demonstrating the exhibit, supervising the efforts of the committee to keep things running smoothly in the waiting room, and assisting in the clerical work necessary at the end of the day, editing the more or less elaborate medical records kept for statistical purposes. About two weeks before the close of the study in one county, it is necessary for the advance agent to pave the way in the next district, thereby avoiding expensive delays of the Special and its staff.

Fourth. An expert chauffeur, capable of repairing the truck and keeping it in perfect condition; of running the projection machine and of making himself generally useful. Under his guidance, the staff must hold itself in readiness at any time to lend a hand in bridge building, road construction, electrical engineering, and the like.

It is suggested that the staff of such a project be selected with a view to their special fitness for this kind of work; that they be practical, adaptable, with a thorough understanding of rural people and conditions and with an ever-present sense of humor to tide them over the rough places. Above all, they must have an abiding faith in the worth of their work and be prepared to offer results accomplished as a measure of their ability.

Method.

The method adopted by the Child-Welfare Special is to accept the invitation of a State board of health which is interested in cooperating with the Children's Bureau in working out a method of securing better conditions for its children. The fact that there are now divisions of child hygiene in 32 State boards of health, as compared with 6 before January 1, 1917, is significant of a belated but widespread determination to give the child a square deal.

PLATE III.—A SCHOOL FOR MOTHERS.

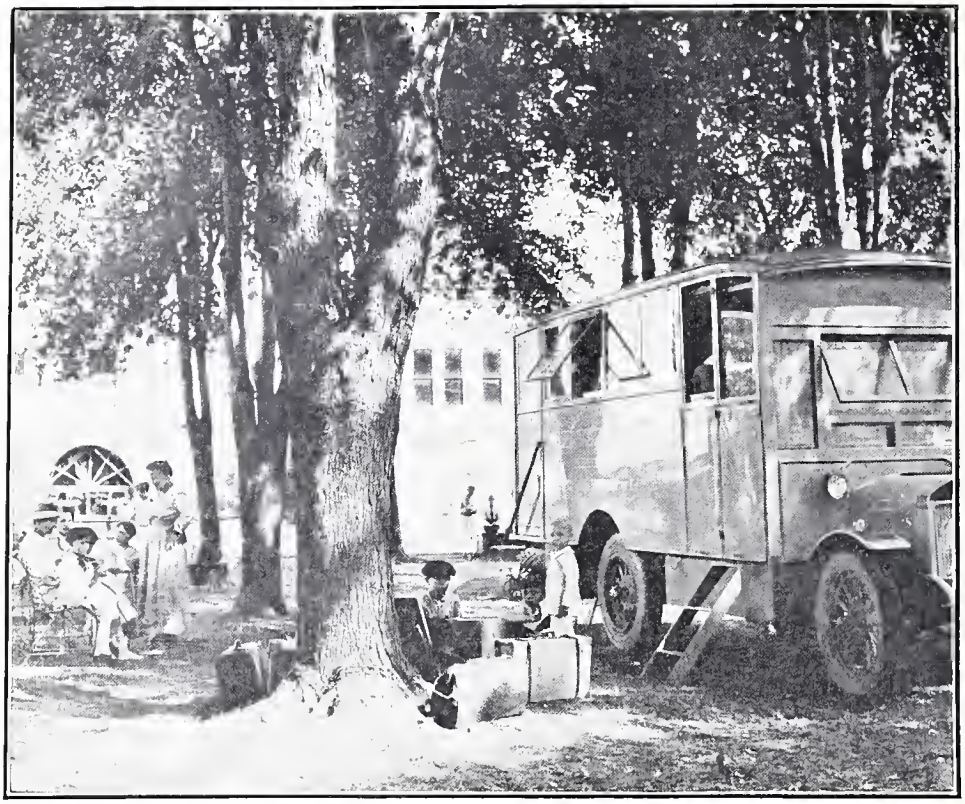

PLATE IV.—A TYPICAL PARKING PLACE.

PLATE V.—THE SPECIAL PARKED IN THE SCHOOL GROUNDS.

In selecting the counties to be visited, the proportion of rural population, the conditions of the roads, and the probability of securing local cooperation are the main considerations. The advance agent, who travels two weeks in advance of the car, arranges the itinerary, attends to the publicity, and organizes local committees to take charge of the work. Her first step is to consult the local medical society and explain the nature of the work. She then calls together a county child-welfare committee. With the aid of its members, an itinerary is mapped out, and local committees are organized in the communities to be visited. So far as possible, the agents work through the local child-welfare committees formed during Children's Year.

These committees are furnished explicit written instructions covering the following points:

A comfortable and level site must be chosen for parking the Special, near a public building which affords an available room. This room is to be used for the demonstration of panels and models above referred to; it must be at least 20 feet long, for the testing of the vision and hearing of children of suitable age; it must be supplied with drinking water and toilet facilities; and must serve as a waiting room for mothers and children. Such a room is pictured in Plate III, while Plates IV and V show typical parking places. The waiting is reduced to a minimum by requiring the committee to make appointments for those desiring a conference (allowing three children to the hour), thereby relieving the doctor, the mothers, and the children of all unnecessary delay. The waiting room is, of course, to be cleaned, lighted, and heated by local effort. The committees are asked also to make a canvass of their districts before the Special arrives, in order that everyone may understand the purpose of the conferences. Each committee member has her field of work clearly defined. A number of women are asked to serve as hostesses during the conference—receiving mothers and babies, and explaining the exhibit material.

The agent then distributes her cuts and other publicity material for the newspapers, printed instructions for the child-welfare committees, copies of the announcements that ministers are asked to make from their pulpits, and posters advertising the coming of the Special. She visits city and county officials, social agencies, editors, teachers, physicians, clergymen, farm advisers, county demonstrators, business men, and other representative citizens and explains the purpose of the visit of the car.

An itinerary is arranged, completely covering the county. A stop of a week or more is planned for the county seat and two or three days for each of the smaller settlements.

As a result of this work of the advance agent, the staff finds everything in readiness on the arrival of the Special. The staff can then at once take the charts and exhibit material out of their boxes and set them up in the waiting room—of which a member of the hostess committee is put in charge. At opportune times the doctor and nurse give brief talks to groups of waiting mothers, using the exhibit material as a means of illustration. The films and slides are shown only at prearranged evening meetings.

It must be clearly understood that the Special is an educational and not a clinical demonstration and that no treatment or prescriptions are given; that sick children are not to be brought; and that those showing the slightest symptoms of communicable disease are debarred from the conference—even a severe cold disqualifying the child. Examinations are limited to children of preschool age. No treatment is given, but the doctor gives each parent a written record of the child's condition, together with any recommendation she has to make. The examination of each child takes about 20 minutes. Plate VI shows a youngster being put through his paces. He is apparently more interested in the camera than in the celluloid toys provided for him.

In summer, mothers are asked to bring a sheet, and in winter a shawl or small blanket, for the comfort of children during examination, though a stock of these is kept on hand for the accommodation of forgetful mothers. Attention to all these details adds materially to the comfort and convenience of those concerned and keeps the machinery of the conference running smoothly.

After the work of the advance agent is completed, the Special arrives—greeted always with the most enthusiastic welcome. Its following begins on the outskirts of the town, increasing steadily until by the time the big truck swings into the public square it is surrounded by practically the entire floating population. Thus escorted, its parking place is sought and may prove to be near a church, a school, a railway station, or the rear of a country store—with boxes of soap or shoes and cases of side meat for seats. In one small town the staff of the Special was surprised to find a Young Women's Christian Association room, while at another an ex-pool room proved to be the only available place. The walls and green-topped tables covered with sheets exhibited the panels and models to excellent advantage; and while it is probable that the old habitués hardly recognized it in its new capacity, they would assuredly admit that never in its palmiest days had the pool room been used by a larger or more enthusiastic company.

Plate VII shows a family coming in from a dairy farm to attend the conference held in town, while Plate VIII illustrates a town family within easy reach of the conference.

PLATE VI.—A WELL-BABY CLINIC INSIDE THE SPECIAL.

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PLATE VII.—A FAMILY FROM A NEAR-BY DAIRY FARM ATTENDING THE TOWN CONFERENCE.

PLATE VIII.—A TOWN FAMILY AT THE CONFERENCE.

A children's health conference as used in this experiment is a modification of the children's health conference employed by the Children's Bureau in its rural work for the past few years. Here, however, one family at a time is received into the truck to confer with the doctor in regard to the difficulties encountered in rearing a family. The conference room affords the same privacy as the physician's own consultation room, and the physician attempts to give the most practical possible advice, referring suitable cases to available sources of relief—private or public. Especially is the effort made to point out to parents where they are succeeding and where failing in their efforts to secure the best possible results in the physical development of their children.

The nurse receives the family and secures the history, including nationality and occupation of parents, facts as to their literacy, the schooling of the children, and the incidence of all illnesses, with ages. One by one the children are stripped, weighed, and measured by the nurse, wrapped in a sheet or blanket, and brought to the examination table.

Here the attention of the parents is called to the relative height and weight of the child, and to the fact that this is a fair index of his physical condition. Next, they are asked to observe the general condition, the texture of skin and muscle, and, particularly, the posture of the child. Winged scapulæ, rounded shoulders, and a contracted chest are typical of the rural child; and the average parent, who has accepted this as an inherited and inevitable trait, receives with interest the suggestion that swimming, or daily exercise on a trapeze or on the horizontal limb of a tree, might improve the position of the pliable little shoulders and incidentally increase the breathing capacity.

Then, poor teeth are shown to be associated with poor bone development; and further search is made for their possible results in the development of diseased tonsils, infected cervical glands, rheumatism, and that common complaint of country children—indigestion. Usually the mother has never associated these circumstances, and the care of children's teeth has been considered a superfluous refinement of city life. It is astonishing to see the amount of interest aroused in a child by the unexpected possession of his own toothbrush and tube of paste. Mothers may be convinced that it is no more difficult to teach a child the care of his teeth than of his face and hands. Local dentists also lend a practical impetus by giving an initial cleaning to the teeth.

Next in order may be poorly formed ankles and a tendency to flat foot, which have usually escaped the attention of the parents, who can not understand why Johnny "runs over" his shoes or complains of pains up the back of his legs.

Inquiries are made as to the cause of a distended abdomen, and the parents are shown that, instead of being a matter of family jest,

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this is a real defect for which they are responsible. That simplicity and regularity of feeding are essential to the well-being of the child is usually quite foreign to the tradition of the rural parent, however systematic and intelligent he may be in the feeding of his stock. It is necessary for the examining physician to know just what foods are available, especially during the winter season, in order to give practical advice upon this important point. In many sections the making of wholesome bread is an unknown art; the small farmer is poorly equipped for keeping green vegetables; and in certain sections the Special has found even milk well-nigh impossible to procure.

The vision and hearing of the older children are also tested; many children are found unknowingly handicapped by a defective eye or ear. This seriously retards their progress in school and is a cause of discouragement and failure.

In addition to the detailed information secured on a card kept for statistical purposes a record is given the parents, checking defects found in each child, with written suggestions for improved hygiene or, when indicated, with recommendations to seek skilled assistance. Each mother upon leaving the truck is given practical, helpful literature. In localities having a county nurse it is possible to effect close cooperation; the results of the examinations give the nurse a contact with families which she otherwise would not have.

It is believed that the majority of parents leave the conference room with an honest intention of living up to their good resolutions to follow the suggestions given, and it is probable that a reasonable amount of follow-up work would prove the soundness of one doctor's experience that money spent in infant hygiene brings in bigger returns than along any other public health line.

Findings.

It is not the purpose of this leaflet to make a statistical report of this experiment. It may be said, however, that the Special has been in constant service since July 11, 1919, and has visited five strictly rural counties, none having more than one town exceeding 2,500 inhabitants. One was in a mining section and the other four were agricultural. All were lowland counties, with the exception of one, which was in the foothills of the Alleghenies. One county was fairly prosperous, the parents in a position to provide everything necessary for the well-being of their children. The people of the other counties were, however, distinctly limited in their resources, more from custom than from necessity. In one district, where grazing was poor and the feeding of cows expensive, the majority of the children were given tea and coffee instead of milk. In an adjoining section, where it was the custom to keep cows, the better nutrition of the children was a testimony to the value of milk as a tissue builder.

By far the commonest defects found were decayed teeth and poorly developed bones; next in frequency were palpable cervical glands and enlarged tonsils—often the latter were seriously infected. Malnutrition was next in order, though this point must be tactfully handled, for any mother resents the supposed inference that her child is not sufficiently fed, while often quite the contrary is true—the difficulty being that the food is badly chosen, poorly prepared, and fed at unsuitable hours.

The Special examines from 100 to 150 children a week, coming perhaps in closer and more responsive contact with the families of those children than is possible to the average busy physician who sees them rarely except when ill. The interest of the parents and their eagerness to learn suggest that with a reasonable amount of educational work on the part of the State and county boards of health a repetition of these defects in later children might be avoided. Especially would this seem hopeful with intelligent follow-up work. In not one of the counties visited was there any knowledge of the extent or the significance of their infant mortality.

Attitude of the public.

A report from the doctor in charge of the Special says:

> The Special has the distinct advantage of at once gripping public interest. This may seem spectacular from the professional point of view, but it gets results. It is believed that the ground can be covered better by the Special than in any other way: that its better equipment will make for better results than any method tried to date; that its usefulness is directly in proportion to the ability of the physician in charge to make her public realize that she is merely demonstrating the need of periodic examinations and a method of providing opportunity for such examinations. She must bear in mind that the examinations she gives are merely an incident and not the object of the Special—that her most important function is to stimulate and aid in the organization of permanent follow-up work by the community.

One of the most gratifying experiences of the Special has been the cordial cooperation which it has had. County medical societies, latent during the war, revived to discuss the possibility of securing permanent follow-up work. Local doctors assisted generously by making laboratory tests, X-rays, microscopic examinations, and by aiding in the placing of children requiring special care—such as orthopedic or tuberculor cases, children suffering from trachoma, or those retarded mentally.

The physicans were often the stanchest friends of the Special, frequently with a train of small patients in their wake. In one town two physicians—brothers—kept their automobile and chauffeur busy during a two days' conference, bringing to and from the Special mothers living at a distance who otherwise might not have been able to attend. Dentists were equally helpful—one examined the

teeth of all the school children and treated gratuitously those not able to bear the expense, and two others of another county divided the work of that section between them, cleaning and treating the teeth of county school children and bringing the expense well within the parents' means.

If the interest aroused is a gauge of the success of the Special, the experiment has indeed been successful. The response from parents has been especially gratifying. Excerpts from reports give an indication of the reception the Special usually receives. The report of the first conference reads:

> In spite of the fact that the thrashing season was at its height, the doctor and nurse were almost overwhelmed with the crowd of mothers, fathers, and babies. Examinations lasted until late into the evening.

Another report says:

> All through the afternoon and evening this routine continued. The dressing rooms were constantly occupied; the doctor and nurse paused only for a hasty supper—yet the fathers and mothers continued to wait. It seemed as though they had been saving their questions for years against just such an occasion as this. The visitors were all English-speaking people, all deeply concerned over the welfare of their children, and all determined that the Government doctor should not leave the community before their children had been examined. Mothers unable to be served in the afternoon came back after supper, accompanied by their husbands. These men, some of them still covered with chaff and dust, had spent a hot day behind a thrashing machine—yet they patiently awaited their turn and listened carefully to the doctor's recommendations.

Requests were received to present to the fiscal courts of two counties the proposition of a public-health nurse. A group of farmers in one county asked to have explained to them the meaning of child welfare and promptly recognized its practical similarity to their own experience in stock raising. A group of miners requested a member of the staff of the Special to suggest a method whereby their wives might be helped to care more successfully for their children.

It is frequently asked if the bureau intends to follow up the work of the Special by efforts of a more permanent character. The underlying theory of the bureau is that if a Government agency such as the Children's Bureau investigates, reports, and demonstrates, the conscience and power of the local community can be depended upon to undertake any local action necessary. The bureau believes that the follow-up work done by the community itself has more lasting results and arouses far more local interest than anything attempted by an outside agency.

As a result of the service of the Special, several communities are already employing public-health nurses, in some instances supple-

PLATE IX.—WAITING TO BE EXAMINED.

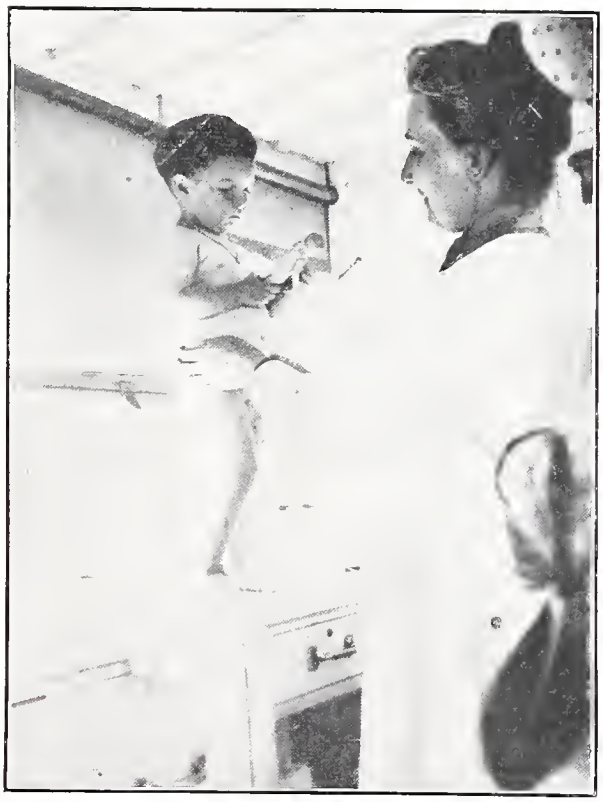

PLATE X.—KEEPING THE INTEREST DURING THE EXAMINATION.

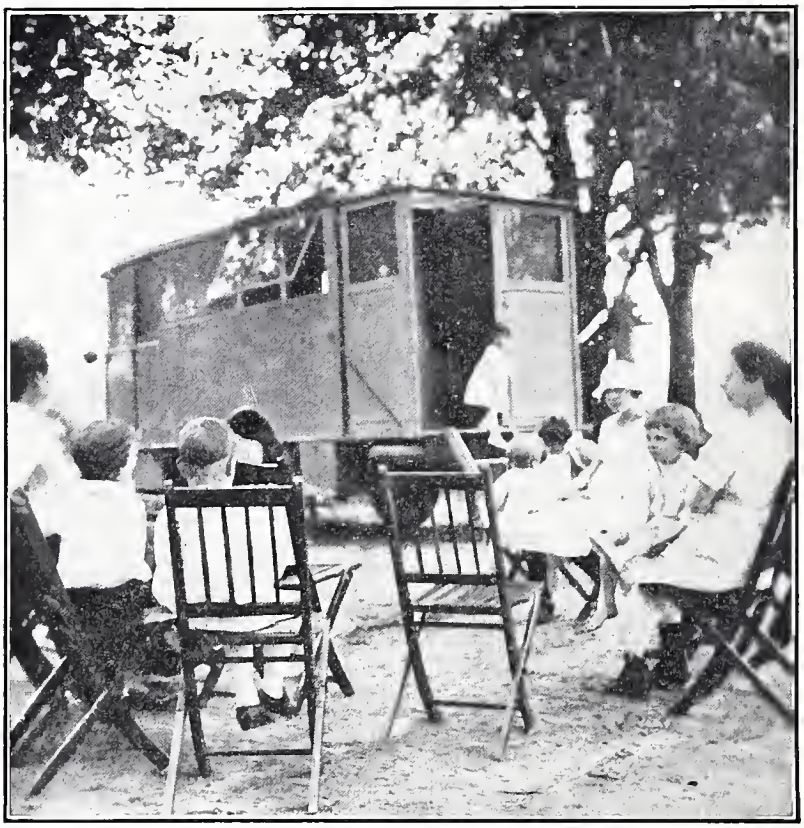

PLATE XI.—A GROUP AT A RURAL CONFERENCE AWAITING EXAMINATION.

PLATE XII.—AFTER THE EXAMINATION.

menting a nest egg left over from Red Cross funds and in others raising the entire amount by public subscription. In one town a sensible women's committee refused liberal contributions from public-spirited men, preferring, they said, to have everyone share in the responsibility and the privilege of supporting this service. Instead, they asked $1 from everybody and got it. In another county the group of miners mentioned above raised at one meeting between $700 and $800 and agreed to supply the remainder needed in order to give their wives the help to which they are entitled. Mill operatives were interested. Women's clubs, parent-teacher associations, and especially Red Cross chapters saw an outlet for their war-time energy and zeal for service and took up, with the keenest interest, provision for our own children.

Schools also recognized the presence of a physical defect as a real handicap, not only to the individual pupil, but also to the class as a whole; and the senior class of a normal school determined to urge upon the parents of their prospective pupils a thorough examination before beginning their school life and an annual inspection thereafter. Many children were sent or brought by their teachers, who wished help in classifying difficult cases. Interest in the physical examination of children was shown by teachers on every side, and the Special was swamped by requests to examine, if not all, at least selected cases in each grade.

The interest of the children was unqualified. Something of this interest is indicated in Plates IX and X and none of the children there pictured appears in the least frightened. Occasionally, small children had been frightened by the gruesome tales of older boys, hinting at vaccination, tonsillectomy, extraction of teeth, etc., but they were invariably won over by a simple statement of the details and the purpose of the work. Often the Special found itself surrounded at the end of a busy day by disappointed applicants for examination. One little boy returned so often to the truck that it became necessary to resort to parental restraint to curb his enthusiasm. A tiny girl insisted upon being brought a second time to the Special to "show off" the gayly decorated cuff by which the staff and her mother had conspired to stiffen her elbow and break the habit of thumb sucking. Other children were breaking themselves of mouth breathing by putting narrow strips of court plaster on their lips at night, under the protection of their bed covers. Many children entered with zest into certain exercises suggested as corrective measures, and stoical adherence to wholesome dietaries were reported by mothers heretofore helpless in their efforts. One father complained that his boy was drinking the cow dry: other fathers, that the children were robbing the calves. Hundreds of height and

weight charts were distributed,[2] and it is safe to assume that the eagerness of mothers and children to gain that half pound a month will develop a new use for the scales of the crossroads store.

The interest of mothers was assured, the only difficulty being to keep up with the eagerness of their demands. Occasionally the mother was found who resorted to ingenious subterfuges to inveigle a more exclusive examination of her child—in her own home, for example. Finding this impossible, she philosophically sought an appointment, bundled up the baby, and joined her more democratic neighbors. Town women often sent their cars for distant mothers and children and, upon occasion, gave up their own appointments to mothers who lived remote from medical aid. Often it was necessary to limit the examination to one child from a family, the mother being allowed to choose the one with whom she most needed help. Mothers were most ingenious in attempts to circumvent this edict. A foster mother was secured for a second child, long enough to have him examined; and reputed twins (a double birth being accepted as a single child) were brought. Usually, however, the women were most generous and helpful and recognized the fact that the Special hoped not to examine every child in the county, but to demonstrate the need and the method by which counties might secure for themselves such a service.

Conclusions.

After eight months' continual service of the Child-Welfare Special, it seems fair to judge as to (1) the value of a motorized activity for child-welfare work in rural counties; (2) the mechanical advantages and disadvantages of the plan; and (3) the expense of the project.

1. The value of a motorized activity for child-welfare work in rural counties.—It is probable that an impetus to permanent welfare work was given more promptly, more thoroughly, and effectually by means of a motorized activity than would have been possible by more conventional methods. The Special brought to a county a definite, vigorous message concerning the welfare of the children of that county. The county was instantly and keenly interested.

A general response was inevitable because the Special visited every community large and small, and not a man, woman, or child was allowed to escape the spell of the more or less spectacular appeal. It is difficult to imagine a county covered so promptly and completely by any other method.

The success of the method must be judged by the results accomplished. The Special began service July 11, 1919. It has visited

[2] Table of Heights and Weights of Children, prepared by the Children's Bureau, U. S. Department of Labor. Averages are given for births, for 3 months, for every month from 6 to 48, and thereafter for every year up to 16.

five counties in three central States. None of these counties had a full-time health officer; none had medical inspection of school children. One county shared a nurse with a local tuberculosis association. One county had excellent consolidated schools; one had a home demonstration agent; and all had county agents employed jointly by the county and United States Department of Agriculture. In no county had there been any expression of municipal obligation concerning the well-being of their children, or any effort made to insure proper physical or mental development.

The prevalence of malnutrition and the presence of defects which, according to Dr. T. W. Wood, handicap 75 per cent of our children are believed to be for the most part remediable, if not preventable. It is inconceivable that this condition is due to intentional neglect on the part of parents or communities; it is due rather to the fact that heretofore it has been impossible to bring, especially to rural communities, a knowledge of existing conditions or of the fact that trained assistance is necessary in rearing sound, vigorous children. The evolution of the public-health nurse offers a solution of this problem. Trained not only in the care of disease but also in its prevention, with a working knowledge of hygiene, of sanitation, and of practical dietetics, especially as related to children—she is the logical forerunner and later assistant of the full-time health officer which every county needs.

For that reason, the Child-Welfare Special has felt that the public-health nurse was perhaps the most practical agency of relief in these rural counties. Before leaving the first county, the Special had the satisfaction of seeing an excellent nurse installed, with a car—to insure county-wide service.

In the second county visited, two nurses were employed within 30 days of the departure of the Special.

In the third county, a mining section seriously affected by strikes, one nurse has been employed and money raised for two more.

The fourth county is still maintaining, in conjunction with the Tuberculosis Association, its county nurse for whom the Special is in nowise responsible. The assurance is forthcoming, however, that a second nurse will be employed as soon as one can be found. The Special had the privilege in this county of aiding in crystallizing public opinion concerning a trial milk clinic, where all children found 4 pounds or more under suitable weight for their height are given milk twice a day in addition to a lunch brought from their homes or furnished at moderate price in the school. Markedly good results from this experiment have overridden a certain amount of antagonism and converted all unbelievers.

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The fifth and last county visited by the Special was at the time of the visit in the throes of an influenza epidemic, following a worse one last year and an epidemic the year before of spinal meningitis. Three successive times the lives of many have been lost and the health and vigor and resistance of many more have been undermined, as shown by our study.

2. The mechanical advantages and disadvantages of the plan.—The mechanical advantages of a movable child-welfare station consist of a better equipment of the Special than would be available in the average small town—both for facilitating the work of the conference and for securing the comfort of the personnel. In many communities there are no hotel accommodations; in such cases three can sleep comfortably in the truck, one across each end and one lengthwise in the conference room; or the tent is easily set up—though, as a matter of fact, the staff usually preferred sleeping out in the open. The ample water supply and a compact nest of aluminum cooking utensils and solid alcohol render the family wholly independent. A certain amount of canned goods is kept on hand, and the efforts of the enterprising chauffeur, browsing around the neighborhood, are always rewarded with success.

The disadvantages of the method consist of the facts that the truck is necessarily bulky, is top-heavy, and is not entirely independent in the matter of roads. The first objection it is impossible to obviate without greatly limiting its usefulness. The second objection can be partially remedied by reducing the height 5 or 6 inches. This would still allow ample headroom. The third is a disappearing objection, good roads steadily bringing in closer touch our rural and urban communities.

After eight months' trial of the truck, certain improvements naturally are indicated. A larger engine would materially increase its pulling power up steep hills and through heavy sand; a different style of window and a wooden roof (instead of a glass one) for the rear annex would offer better protection from wind and rain; a more satisfactory heating system is being considered in order to make the Special independent of climate or season. It is believed, however, that most of these difficulties may be met.

3. The expense of the project.—The initial cost of the truck was $5,000 with an extra $500 for certain interior conveniences—extra furnishings added later. This has been slightly increased since cold weather by the addition of rubber weather stripping across the windows and by the purchase of two electric heaters ($12 each). The chauffeur has done practically all the repair work except rebuilding the rear box containing the tent and bedding. This box was too deep from top to bottom and dragged when going down a steep embank-

ment. The item of gasoline has been surprisingly small. During the first few months of travel through a level country, the Special averaged 11 miles to the gallon, but in rough, hilly sections the average was 8 or 9 miles.

After all, the expense of the activity can be measured only by the value of the results accomplished, and it is a question as to whether or not the same amount of money can be spent to better advantage in other ways. The Children's Bureau is not urging a movable child-welfare station for city work nor yet for work in remote mountain districts, but this method is suggested for the consideration of States wishing to reach quickly, thoroughly, and effectually their rural inhabitants—separated as they are in our country by vast stretches of territory, yet segregated into small towns and communities whose name is legion.

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